Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I						SMALL ENTITY		OTHER THAN				
_		· · · · · · · · · · · · · · · · · · ·	(Column	1)	(Colur	mn 2)	1	TYPE		OR	SMALL	ENTITY
TC	TAL CLAIMS		25					RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	25 minus 20=		* 5			X\$ 9=	45	OR	X\$18=	
<u> </u>	EPENDENT CL		5 minus 3 =		* 2		↓	X42=	84	OR	X84=	
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2	ı	TOTAL	499	OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN				
_		(Column 1)		(Colur	mn 2)	(Column 3)	<u>)</u>	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDM	Total	*	Minus	**		=	┧┃	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIR4	=	┨┃	X42=		OR	X84=	
L	PIRST PRESE	INTALION OF M	OLITE DE	- CINDEN	LOLAIM		<b>ا</b> د	+140=		OR	+280=	
							•	TOTAL		OR	TOTAL ADDIT. FEE	·
		(Column 1)		(Colum	mn 2)	(Column 3		ADDIT. FEE	<del>!</del> -	4	ADDII. FEE	
Γ		CLAIMS		HIGH	HEST :		'nř		ADDI-	<u> </u>		ADDI-
ENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	╽し	X42=		OR	X84=	,
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH		
			- <del></del>		<del>_</del>			+140=		OR	+280=	
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3						
AMENDMENT C	alog.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	┧┃	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=-	┧┃	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										<b>-</b>	ļ — — —
*	If the entry in colu	ımn 1 is less than t	he entry in column 2, write		e "0" in co	lumn 3.		+140=		OR	+280=	<u> </u>
**	If the "Highest Nu	ımber Previously P	aid For" IN TH	S SPACE	is less tha	ın 20, enter "2		TÖTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR P								
1 Date of Request: 5-12-02	2 Seri	al/Patent	# 10/07	08,386				
3 Please refund the following fee	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT					
Filing			\$					
Amendment			\$					
Extension of Time			\$					
Notice of Appeal/Appeal			\$					
✓ Petition	3	4-3-02	\$ 130					
Issue			\$					
Cert of Correction/Termina			\$					
Maintenance				\$				
Assignment				\$				
Other				\$				
	7 TOTAL OF RI	7 TOTAL AMOUNT OF REFUND \$						
	8 TO BE REFUNDED BY:							
10 REASON:	Treasury Check							
Overpayment		Credit Deposit A/C #:						
Duplicate Payment		,062380						
No Fee Due (Explanation):								
Proves we lost drawings				·				
PINVIS WE USI WILLIAMS								
				- <del></del>				
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: Steven	PHONE: 306-5683							
SIGNATURE: Lag lagge		PHONE: 20	16 36J 3					
OFFICE: Phifig. 5								
THIS SPACE RESERVED FOR FINANCE USE ONLY:  DATE:								
APPROVED: Alicia Kell								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B